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일측성 폐침윤을 보인 폐포양 유육종증 1례

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A sarcoidosis is a multisystemic granulomatous disorder which has a predilection for pulmonary involvement. Lung parenchymal infiltrations are typically bilateral and symmetrical. The common radiological findings are nodular and reticulonodular patterns. Pseudoalveolar sarcoidosis is rare presentation of sarcoidosis. Its radiological finding is alveolar pattern that involves or compresses the alveoli with clustered interstitial granuloma. A 58 year-old man was referred for a further evaluation of unilateral consolidative lesion on chest radiography. A chest CT showed bronchoalveolar consolidation which was suspicious for malignancy. CT-guided transthoracic lung biopsy showed non-caseating granuloma with asteroid body which was compatible with sarcoidosis. Serial chest radiography showed an improvement of consolidative lesion without any treatment. We recently experienced a case of pseudoalveolar sarcoidosis and report it with review of the literature.

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Multiple Cystic Pulmonary Infiltrate! What is your differential diagnosis ?

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Multiple cystic pulmonary infiltrate can occur in many varied conditions which need to be considered in differential diagnoses. One of them, cavitary pulmonary metastasis is a rare but important differential diagnosis. We reported a 90 year-old man who had suffered from chronic non-productive cough, progressive exertional dysepnea. A simple X-ray showed diffuse bilateral reticular opacity suggesting interstitial lung disease. On high resolution CT, a number of cavities and speculated nodular lesions were scattered on the whole lung. Initially empirical anti-tuberculosis drugs and antibiotics were tried with proceeding further work-ups for etiology. Sputum studies including AFB smear and cytological examination were not diagnostic. Transbronchial lung biopsy was performed. Transbronchial lung biopsy was compatible with adenocarcinoma. Immunohistochemical staining for cytokeratin 7 (CK 7), CEA, and EGFR were positive and special staining for PAS was also positive, but immunhistochemical staining for cytokertin 20 (CK 20) and TTF-1 was negative. Although the origin of metastatic adenocarcinoma was inconclusive, he was treated with iressa (gefitinib) as a last rescue. Nevertheless, he escaped the intensive care unit only about two weeks after administration of gefitinib to be expired with progressive respiratory failure. In conclusion, as for a patient with multiple cystic pulmonary lesions, pulmonary metastatic cancer should be considered in differential diagnosis and the histological diagnosis should be obtained without any delay.